Division of Mental Health, Developmental Disabilities and Substance Abuse Services

LME Alternative Service Request for Use of DMHDDSAS State Funds

For Proposed MH/DD/SAS Service Not Included in Approved Statewide IPRS Service Array

Starlene 7/7

Note: Submit completed request form electronically to Wanda Mitchell, Budget and Finance Team, at **Wanda.Mitchell@ncmail.net**, and to Spencer Clark, Chief's Office, Community Policy Management Section, at **Spencer.Clark@ncmail.net.** Questions about completing and submitting this form may be addressed to Brenda G. Davis, CPM Chief's Office, at **Brenda.G.Davis@ncmail.net** or (919) 733-4670, or to Spencer Clark at **Spencer.Clark@ncmail.net** or (919) 733-4670.

***a.* Name of LME** **The Durham Center**		***b.* Date Submitted** **06/13/08**
***c.* Name of Proposed LME Alternative Service** **Recovery Support**		
***d.* Type of Funds and Effective Date(s):** *(Check All that Apply)* ☐ **State Funds:** Effective 7-01-07 to 6-30-08 ☒ **State Funds:** Effective 7-01-08 to 6-30-09		
***e.* Submitted by LME Staff (Name & Title)** **Sarah Grey, LCSW - Director of Service Management**	***f.* E-Mail** **sgrey@co.durham.nc.us**	***g.* Phone No.** **919-560-7244**

Background and Instructions:

This form has been developed to permit LMEs to request the establishment in IPRS of Alternative Services to be used to track state funds though a fee-for-service tracking mechanism. An LME that receives state single stream or other state non-UCR funding shall use such funding to purchase or start up services included in the Integrated Payment and Reporting System (IPRS) service array and directed towards the approved IPRS target population(s). If the LME wishes to propose the use of state funds for the provision of an Alternative Service that is not included in the IPRS service array, the LME shall submit an ***LME Alternative Service Request for Use of DMHDDSAS State Funds.***

This form shall be completed to fully describe the proposed Alternative Service for which Division approval is requested in order to develop an IPRS reporting code and an appropriate rate for the Alternative Service.

Please use the following template to describe the LME's proposed Alternative Service definition and address all related issues using the standard format and content categories that have been adopted for new MH/DD/SA Services.

Please note that:

- an individual LME Alternative Service Request form is required to be completed for each proposed Alternative Service;
- a separate Request for Waiver is required to be submitted to the Division for the LME to be authorized by the Secretary to directly provide an approved Alternative Service; and
- the current form is not intended to be utilized in SFY 07-08 for the reporting on the use of county funds by an LME. The Division continues to work with the County Funds Workgroup to establish a mechanism to track and report on the use of county funds through IPRS reporting effective July 1, 2008.

	Requirements for Proposed LME Alternative Service *(Items in italics are provided below as examples of the types of information to be considered in responding to questions while following the regular Enhanced Benefit Service definition format. Rows may be expanded as necessary to fully respond to questions.)*
	Complete items 1 though 28, as appropriate, for all requests.
1	**Alternative Service Name, Service Definition and Required Components** *(Provide attachment as necessary)* **Recovery Support** Recovery support is intended to promote recovery for adults with substance use disorders by informing, arranging, referring, and assisting consumers in meeting basic needs across life domains that have been impacted by the substance use disorder. The goal of the service is to promote stability and recovery, improve functioning, and gain independence through supportive and helping relationships between the provider and consumer. The expected outcome is more sustained recovery and retention within clinical treatment services. Recovery support can be offered by qualified professionals or by associate professionals, paraprofessionals, or peer specialists under the supervision of a qualified professional. Activities include but are not limited to: Referral and linkage to services and resources Consumer education about services and resources including natural and community supports Advocacy on behalf of the consumer Assisting the consumer to access benefits and services Participation in treatment planning sessions
2	**Rationale for proposed adoption of LME Alternative Service to address issues that cannot be adequately addressed within the current IPRS Service Array** • ***Consumer access issues to current service array*** • ***Consumer barrier(s) to receipt of services*** • ***Consumer special services need(s) outside of current service array*** • ***Configuration and costing of special services*** • ***Special service delivery issues*** • ***Qualified provider availability*** • ***Other provider specific issues*** The Durham Center continues to experience workforce issues in substance abuse and lacks sufficient provider expertise within the Community Support providers' network to adequately address the needs of consumers with substance use issues. This lack of professionals skilled in dealing with substance use leads to therapeutic services delivery in office settings to maximize time of available staff, and not community based services. Yet, consumers with substance use disorders typically experience barriers accessing basic life needs and are often homeless, without income or transportation, lacking medical attention, and have limited recovery-oriented social supports. This leads to difficulty with retention of consumers in outpatient office-based programs. Community Support for these consumers does not appear to be a viable option for providers based on the limited workforce, problematic caseload sizes, and necessity to provide first responder services. Over 60% of adults experiencing substance abuse issues that request services through The Durham Center do not have Medicaid or other financial resources to assist them in addressing these concerns. It is essential that the clinical treatment of substance use

	conditions be supported with linkage to basic resources and services such as housing, employment, medical care, transportation to services, linkage with recovery self-help programs and other benefits and services through case management strategies and also promote independence and recovery. The Durham Center believes that this support is crucial to retention of consumers within the clinical treatment programs, and provides the best opportunity for long-term recovery.
3	**Description of service need(s) to be addressed exclusively through State funds for which Medicaid funding cannot be appropriately accessed through a current Medicaid approved service definition** As above, The Durham Center requests the inclusion of Recovery Support into the IPRS service array to address gaps in services for adult substance abuse consumers.
4	**Please indicate the LME's Consumer and Family Advisory Committee (CFAC) review and recommendation of the proposed LME Alternative Service:** *(Check one)* ☐ **Recommends** ☐ **Does Not Recommend** ☐ **Neutral (No CFAC Opinion)** At the time of submission, the proposed definition had not be passed through a formal CFAC process. It is planned for presentation at the next CFAC meeting in July 08.
5	**Projected Annual Number of Persons to be Served with State Funds by LME through this Alternative Service** 450
6	**Estimated Annual Amount of State Funds to be Expended by LME for this Alternative Service** We cannot predict the amount of state money that will be used. We are single stream so none of our claims pay with real dollars. In addition, the timing of claims processing in IPRS can dictate how much money is drawn down for a particular service. We have sufficient County money to contribute to this service, and plan to regulate costs through our benefit plan and service package design. Additionally, only selected providers of best practice or high intensity services will be selected to utilize the service.
7	**Eligible IPRS Target Population(s) for Alternative Service:** *(Check all that apply)* ***Assessment Only:*** ☐*All* ☐*CMAO* ☐*AMAO* ☐*CDAO* ☐*ADAO* ☐*CSAO* ☐*ASAO* ***Crisis Services:*** ☐*All* ☐*CMCS* ☐*AMCS* ☐*CDCS* ☐*ADCS* ☐*CSCS* ☐*ASCS* ***Child MH:*** ☐*All* ☐*CMSED* ☐*CMMED* ☐*CMDEF* ☐*CMPAT* ☐*CMECD* ***Adult MH:*** ☐*All* ☐*AMSPM* ☐*AMSMI* ☐*AMDEF* ☐*AMPAT* ☐*AMSRE* ***Child DD:*** ☐*CDSN* ***Adult DD:*** ☐*All* ☐*ADSN* ☐*ADMRI* ***Child SA:*** ☐*All* ☐*CSSAD* ☐*CSMAJ* ☐*CSWOM* ☐*CSCJO* ☐*CSDWI* ☐*CSIP* ☐*CSSP* ***Adult SA:*** ☒*All* ☐*ASCDR* ☐*ASHMT* ☐*ASWOM* ☐*ASDSS* ☐*ASCJO* ☐*ASDWI* ☐*ASDHH* ☐*ASHOM* ☐*ASTER* ***Comm. Enhance.:*** ☐*All* ☐*CMCEP* ☐*AMCEP* ☐*CDCEP* ☐*ADCEP* ☐*ASCEP* ☐*CSCEP* ***Non-Client:*** ☐*CDF*
8	**Definition of Reimbursable Unit of Service:** *(Check one)* ☐ ***Service Event*** ☒***15 Minutes*** ☐ ***Hourly*** ☐ ***Daily*** ☐ ***Monthly***

	☐ *Other: Explain*_____
9	**Proposed IPRS <u>Average</u> Unit Rate for LME Alternative Service** *Since this proposed unit rate is for Division funds, the LME can have different rates for the same service within different providers. What is the proposed <u>average</u> IPRS Unit Rate for which the LME proposes to reimburse the provider(s) for this service?* **$ 14.00**
10	**Explanation of LME Methodology for Determination of Proposed IPRS <u>Average</u> Unit Rate for Service** *(Provide attachment as necessary)* **To determine to the rate, we used the per unit cost of community support and increased it by 15%. We feel that components of community support closely resemble this new proposed service with additional work needed with the SA community.**
11	**Provider Organization Requirements** Recovery Support services must be delivered by practitioners employed by substance abuse provider organizations that • meet the provider qualification policies, procedures, and standards established by the Division of Medical Assistance (DMA); • meet the provider qualification policies, procedures, and standards established by the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (MH/DD/SAS); and • fulfill the requirements of 10A NCAC 27G.
12	**Staffing Requirements by Age/Disability** *(Type of required staff licensure, certification, QP, AP, or paraprofessional standard)* Recovery support may be provided by qualified professionals, associate professionals or paraprofessionals who meet standards and who have appropriate documented experience with the population served. The service may also be provided by peer specialists in substance abuse.
13	**Program and Staff Supervision Requirements** AP, PP and peer specialist staff must be supervised by a substance abuse qualified professional. The service is intended to support a consumer who currently receives clinical treatment services in accessing additional services and non-treatment supports necessary to promote increased independent functioning and recovery.
14	**Requisite Staff Training** Staff must be appropriately trained in working with the population including training on motivational enhancement and recovery culture within 90 days of employment.
15	**Service Type/Setting** The service can be provided in any setting.
16	**Program Requirements** • ***Individual or group service*** • ***Required client to staff ratio (if applicable)*** • ***Maximum consumer caseload size for FTE staff (if applicable)*** • ***Maximum group size (if applicable)*** • ***Required minimum frequency of contacts (if applicable)*** • ***Required minimum face-to-face contacts (if applicable)***

	The service can be provided to individuals or groups. Group size should not exceed more than 8. Maximum caseload size for one FTE is 60 cases.
17	**Entrance Criteria** 1. There is an Axis I diagnosis of a substance use disorder AND 2. The person has needs in at least 2 life domain areas affected by substance use
18	**Entrance Process** The recommendation for Recovery support must be identified by a qualified professional through a clinical assessment and treatment planning process. Goals and interventions for Recovery Support must be identified on a Person-Centered Treatment plan that was developed by a qualified professional.
19	**Continued Stay Criteria** Consumer needs continued assistance to achieve desired outcomes on the Person-Centered or treatment plan. New goals are identified on the Person-Centered or treatment plan. The consumer is making reasonable progress toward goals identified on the plan.
20	**Discharge Criteria** Consumer has achieved goals and is no longer eligible for the service Consumer is not making progress with the service and all reasonable options have been exhausted. Consumer no longer wants the service • ***Anticipated length of stay in service (provide range in days and average in days)*** 1-180 days, average is expected to be 75-90 days. • ***Anticipated average number of service units to be received from entrance to discharge*** The Durham Center will develop benefit packages for this service which will address routine amounts of this service. The service will be available only to selected programs and providers. The average units per consumer is anticipated to be 72- 96 units of the service, however this is the first year of the service and it is difficult to anticipate the amounts of service which may be needed to achieve outcomes. Therefore, we will likely start out with defined amounts of service and analyze cost and usage periodically throughout the year. • ***Anticipated average cost per consumer for this service***
21	**Evaluation of Consumer Outcomes and Perception of Care** • ***Describe how outcomes for this service will be evaluated and reported including planned utilization of and findings from NC-TOPPS, the MH/SA Consumer (Satisfaction) Surveys, the National Core Indicators Surveys, and/or other LME outcomes and perception of care tools for evaluation of the Alternative Service*** • ***Relate emphasis on functional outcomes in the recipient's Person Centered Plan*** This service could accompany a primary SA service. Depending on the type of primary SA service, NC-TOPPS would be required. Submission of NC-TOPPS by the primary SA service provider will be expected as usual, and an analysis of outcomes for the individuals engaged in Recovery Support will be pursued. Some additional consumer outcomes: • Consumers' state hospital admissions will be reduced • Consumers' state hospital bed utilization will be reduced • Consumers will have a lower rate of admission to crisis evaluation and observation

	services. • Consumers will have a lower rate of admission to facility based crisis services for at least 90 days • Active pursuit of housing, medical treatment, and other basic needs will be evident • Engagement in appropriate recovery self-help programs will be evident
22	**Service Documentation Requirements** • ***Is this a service that can be tracked on the basis of the individual consumer's receipt of services that are documented in an individual consumer record?*** ☒ ***Yes*** ☐ ***No*** ***If "No", please explain.*** • ***Minimum standard for frequency of note, i.e. per event, daily, weekly, monthly, etc.*** Full service note per event that documents the purpose, intervention and consumer's response to the service.
23	**Service Exclusions** • ***Identify other service(s) that are limited or cannot be provided on the same day or during the same authorization period as proposed Alternative Service*** SAIOP or SACOT
24	**Service Limitations** • ***Specify maximum number of service units that may be reimbursed within an established timeframe (day. week, month, quarter, year)*** 8 hours per day maximum.
25	**Evidence-Based Support and Cost Efficiency of Proposed Alternative Service** Recovery support incorporates many activities traditionally identified as case management which has a long service history within the state. The service is determined to be necessary by The Durham Center due to the severe socioeconomic impact on adults of substance use disorders, the multiple resource and recovery needs and the lack of professional capacity to provide substance abuse focused community support activities due to workforce issues.
26	**LME Fidelity Monitoring and Quality Management Protocols for Review of Efficacy and Cost-Effectiveness of Alternative Service** Across consumer served through this proposed alternative service definition: • State hospital admissions will be reduced • State hospital bed utilization will be reduced • Recidivism rates for crisis evaluation and observation services will be reduced • Admission rates for facility-based crisis services will be reduced
27	**LME Additional Explanatory Detail *(as needed)*** N/A